

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.04099633
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	3,205,424.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,205,424.62
YTD Amount:	\$	26,310,956.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00011219
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	8,771.92
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	7,456.92
YTD Amount:	\$	62,800.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00145396
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	113,682.35
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	51,655.95
YTD Amount:	\$	498,955.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00938333
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	733,664.62
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	138,605.32
YTD Amount:	\$	1,856,697.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00149501
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	116,891.97
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	25,496.07
YTD Amount:	\$	319,704.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00118558
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	92,698.23
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	12,699.43
YTD Amount:	\$	200,902.79

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.02081556
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,627,528.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,627,528.82
YTD Amount:	\$	13,359,183.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	109,598.59
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	31,462.79
YTD Amount:	\$	352,663.21

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00542726
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	424,347.08
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	70,818.28
YTD Amount:	\$	1,008,451.41

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.02542398
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,987,852.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,987,852.36
YTD Amount:	\$	16,316,810.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00134475
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	105,143.43
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	26,350.13
YTD Amount:	\$	311,495.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00944553
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	738,527.92
County Medical Services Program Offset	\$	688,318.20
<u>Net Claim / Payment Amount</u>	\$	50,209.72
YTD Amount:	\$	1,296,421.87

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	731,820.17
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	92,377.97
YTD Amount:	\$	1,530,875.50

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00182883
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	142,992.72
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	32,967.02
YTD Amount:	\$	403,541.66

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,353,925.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,353,925.24
YTD Amount:	\$	11,113,370.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	364,746.64
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	81,463.34
YTD Amount:	\$	1,010,952.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	160,414.59
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	58,118.29
YTD Amount:	\$	600,650.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00147003
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	114,938.83
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	46,227.53
YTD Amount:	\$	462,473.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.32827782
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	25,667,414.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,667,414.77
YTD Amount:	\$	210,684,877.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA

95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00459605
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	359,356.36
County Medical Services Program Offset	\$	288,214.70
<u>Net Claim / Payment Amount</u>	\$	71,141.66
YTD Amount:	\$	932,184.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.01088548
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	851,114.86
County Medical Services Program Offset	\$	772,590.90
<u>Net Claim / Payment Amount</u>	\$	78,523.96
YTD Amount:	\$	1,597,360.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	61,246.29
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	17,740.09
YTD Amount:	\$	198,182.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00296651
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	231,945.74
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	66,445.84
YTD Amount:	\$	745,376.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00573510
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	448,416.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	448,416.50
YTD Amount:	\$	3,680,719.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00086397
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	67,552.16
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	20,648.76
YTD Amount:	\$	226,157.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	96,412.95
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	59,482.05
YTD Amount:	\$	532,867.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	659,622.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	659,622.85
YTD Amount:	\$	5,414,357.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00458914
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	358,816.08
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	52,519.38
YTD Amount:	\$	801,177.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00291056
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	227,571.12
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	41,491.82
YTD Amount:	\$	565,407.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.05520312
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,316,226.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,316,226.35
YTD Amount:	\$	35,428,707.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00358833
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	280,564.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	280,564.66
YTD Amount:	\$	2,302,942.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00123396
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	96,480.97
County Medical Services Program Offset	\$	90,519.20
<u>Net Claim / Payment Amount</u>	\$	5,961.77
YTD Amount:	\$	166,376.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.03234151
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,528,720.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,528,720.80
YTD Amount:	\$	20,756,396.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,618,201.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,618,201.59
YTD Amount:	\$	21,490,881.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00176123
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	137,707.20
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	29,106.10
YTD Amount:	\$	370,131.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.03592459
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,808,874.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,808,874.97
YTD Amount:	\$	23,055,976.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.06138059
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	4,799,230.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,799,230.92
YTD Amount:	\$	39,393,338.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.06260938
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	4,895,307.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,895,307.65
YTD Amount:	\$	40,181,961.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.01414136
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,105,685.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,105,685.89
YTD Amount:	\$	9,075,763.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	368,164.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	368,164.25
YTD Amount:	\$	3,021,988.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,136,075.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,136,075.25
YTD Amount:	\$	9,325,202.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00867979
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	678,656.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	678,656.18
YTD Amount:	\$	5,570,586.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.03493360
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,731,391.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,731,391.36
YTD Amount:	\$	22,419,973.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	460,255.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	460,255.74
YTD Amount:	\$	3,777,899.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00804394
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	628,940.28
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	92,838.98
YTD Amount:	\$	1,409,791.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00028607
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	22,367.27
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	8,778.47
YTD Amount:	\$	88,469.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00227384
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	177,787.20
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	40,583.80
YTD Amount:	\$	498,900.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.01146356
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	896,313.83
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	209,201.13
YTD Amount:	\$	2,547,388.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.01854597
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	1,450,073.92
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	131,738.02
YTD Amount:	\$	2,711,247.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	898,821.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	898,821.32
YTD Amount:	\$	7,377,759.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	350,743.16
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	51,131.36
YTD Amount:	\$	781,708.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00302137
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	236,235.14
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	45,005.24
YTD Amount:	\$	600,466.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00127824
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	99,943.14
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	38,793.44
YTD Amount:	\$	392,309.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.01023677
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	800,393.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	800,393.46
YTD Amount:	\$	6,569,833.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00234037
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	182,989.05
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	37,457.05
YTD Amount:	\$	483,295.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,060,925.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,060,925.55
YTD Amount:	\$	8,708,353.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00373362
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	291,924.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	291,924.61
YTD Amount:	\$	2,396,193.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00366094
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	286,241.90
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	46,683.90
YTD Amount:	\$	672,638.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00123265
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	96,378.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	96,378.55
YTD Amount:	\$	791,096.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

<u>Total amount collected:</u>	\$116,624,093.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,188,087.07	County/City Ratio:	0.00559312
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	437,315.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	437,315.35
YTD Amount:	\$	3,589,597.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000182A
PAYMENT ISSUE DATE: 3/25/2011

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2011 TO: 3/15/2011

Total amount collected: \$116,624,093.73 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,188,087.07 County/City Ratio: 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	146,709.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	146,709.78
YTD Amount:	\$	1,204,232.17